Clinical Forum

Epilogue

Understanding Children Who Have Been Affected by Maltreatment and Prenatal Alcohol Exposure: Future Directions

Yvette D. Hyter
Ineke Way
Western Michigan University, Kalamazoo

The articles in this clinical forum contribute to the literature on speech-language services for children in school settings. The articles address the relationships between fetal alcohol spectrum disorder (FASD), trauma history, and current functioning for children. A number of themes link these articles.

First, these articles emphasize the importance of taking a holistic, systemic perspective of the child and the child's family. Although speech-language pathologists (SLPs) most often work with individual children, especially in school settings, these articles highlight the need to look beyond the child to learn about the family and the societal contexts within which the child lives. The International Classification of Functioning, Disability and Health (ICF; World Health Organization, 2002; Westby, 2006) as incorporated into the American Speech-Language-Hearing Association (ASHA) Scope of Practice (2001) is an important consideration for identifying environmental processes that may assist or impede participation in one's daily activities. This systemic understanding, which is critical for assessing the child's needs and for effectively intervening to help meet those needs, is highlighted in the manuscripts contributed by Carol Westby and by Diana Rogers-Adkinson and Shannon Stuart. Westby delineated reporting responsibilities for SLPs related to child abuse and neglect. She reported research that indicates that children with disabilities (including FASD) have higher rates of child abuse and neglect than do children without identified disabilities. Westby detailed the importance of SLPs understanding the cultural meaning of parenting practices while fulfilling their professional responsibility to protect children. Rogers-Adkinson and Stuart emphasized the importance of developing skills and knowledge in collaborating with an expanded array of institutions and service providers. They advocated for SLPs, educators, and health care providers to develop competence in collaborating with personnel from the mental health, judicial, and child protection systems.

Second, this collection of articles accentuated the importance of recognizing children's multiple issues/needs rather than focusing in on single needs. For example, a child with language impairment may also struggle with sensory modulation, characteristics of alexithymia, FASD, trauma history, cognitive impairments, a history of being maltreated, and/or inadequate care-giving. A holistic, systemic perspective on children enables SLPs to see and assist the whole child.

Henry, Sloane, and Black-Pond presented findings from a study that compared children with trauma histories to those with trauma histories and prenatal exposure to alcohol. They found that the latter
A third critical theme is that single disciplines need not, and in fact cannot, do this work alone. Multiple disciplines and integrated systems need to work in concert in order to provide effective assessments and intervention processes. In addition, SLPs have the potential to work with other disciplines to help challenge systems to more effectively meet the complicated needs of children outlined in this issue. This theme, conveyed throughout all of the articles in this issue, motivated the following research questions pertaining to assessment and intervention for further investigation:

**Assessment**
- What is the relationship between social communication (social cognition, executive functions, and pragmatic language) and alexithymia?
- What is the relationship between social communication, alexithymia, and other behavioral disturbances, such as adolescent sexual offending?
- What are the dynamics that contribute to situational alexithymia?
- What are the dynamics that contribute to the progression of social communication disorders?
- What is the relationship between social communication, alexithymia, and attachment disorders?
- What is the relationship between sensory processing impairments and central auditory processing skills?

A third critical theme is that single disciplines need not, and in fact cannot, do this work alone. Multiple disciplines and integrated systems need to work in concert in order to provide effective assessments and intervention processes. In addition, SLPs have the potential to work with other disciplines to help challenge systems to more effectively meet the complicated needs of children outlined in this issue. This theme, conveyed throughout all of the articles in this issue, motivated the following research questions pertaining to assessment and intervention for further investigation:

**Intervention**
- What is the efficacy of sensory processing intervention strategies for improving language and social communication for children with a history of (a) trauma, (b) FASD, and (c) trauma and FASD?

**GAPS IN OUR KNOWLEDGE**

We now know that there are many ways that complex trauma and FASD affect child development and social communication; yet, not all of these effects could be discussed in the limited space of this clinical forum. There remain gaps in our understanding of children who have been affected by maltreatment and prenatal alcohol exposure. In our estimation, at least five areas remain minimally covered and deserve greater attention in the future.

The first area is the impact that complex trauma and/or prenatal alcohol exposure have on auditory/hearing integrity for affected children. Hearing disorders such as otitis media and/or sensorineural hearing loss can be a factor in language learning difficulties. There is a dearth of published literature in the fields of speech-language pathology and audiology on the effects of prenatal exposure to alcohol on the auditory system. Church and Gerkin (1988) conducted standard audiological examinations on 14 children who had been diagnosed with fetal alcohol syndrome and found that 93% of the children had clinically significant and recurrent bouts of otitis media, and 29% of that population had bilateral sensorineural hearing loss. More recently, Rossig, Wasser, and Oppermann (1994) performed brainstem auditory evoked potentials and audiological examinations on children who had been diagnosed with fetal alcohol syndrome and found that 75% of the children had a conductive hearing loss, and 7% of the study participants had a sensorineural hearing loss. These authors suggested that hearing dysfunction may be a symptom of fetal alcohol syndrome. More knowledge on the relationship between auditory development and language outcomes for children with a history of prenatal alcohol exposure and/or maltreatment is required.

Second, current literature on nutrition in rats suggests that prenatal alcohol exposure may affect the functioning of some internal organs such as the intestines (Murillo-Fuentes, Murillo, & Carreras, 2003), which may affect absorption of the nutritive value contained in some foods. There is a substantial body of literature indicating the relationship between poor nutrition and the intellectual abilities of children living in poverty (e.g., refer to the statement made by the Center on Hunger and Poverty, 1998). These findings may suggest a link between poor nutrition and cognitive skills in children who have been affected by fetal alcohol syndrome, particularly if fetal alcohol syndrome has the potential to affect the functioning of nutritive organs as suggested by Murillo-Fuentes et al. Similarly, children who experience particular types of maltreatment (i.e., physical neglect) may also have limited opportunities to receive adequate nutrition. In light of these findings, it would seem reasonable that nutritional/dietary changes may mitigate some of the cognitive effects of maltreatment and FASD on child development and positive outcomes.

SLPs have a long history of advocating for and with individual clients, within our professional associations, and by communicating with policymakers (Nelson, Hyter, & Anderson, 2007). A third gap in our knowledge, however, is the critical process of working within the judicial and child welfare systems as advocates for services provided to children and families that have been affected by the difficulties described in this forum. SLPs, for example, have specific

---

158 LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS • Vol. 38 • 157-159 • April 2007
knowledge and skills that can make unique contributions to these systems designed to promote and protect child wellness. SLPs are able to make transparent the communication concerns and needs of children who have experienced maltreatment and prenatal alcohol exposure, which may result in improved placement and service decisions made on behalf of this population.

Fourth, it is important to use assessment and intervention processes in contextual settings, such as classrooms. Although children with a history of maltreatment and/or FASD often come to the attention of SLPs and audiologists, many children are underidentified for special education services and remain in general education. Within this clinical forum, all authors described some aspect of assessment and intervention. For example, the article by Coggins et al. (2007) provided a specific framework for assessing social communication. This article provides the foundation for future specific discussion about the ways that appropriate functional assessments and effective intervention services can be integrated into school classroom contexts.

Finally, a significant gap exists in our knowledge related to the underlying causes of child maltreatment and maternal alcohol consumption during pregnancy in the United States. The literature is consistent in explaining that people abuse alcohol as a way to "self-medicate," and as a way to alleviate the pain of past trauma, stress, mental health issues, and physical and chronic pain (Streissguth, 1997). It is also known that stress, isolation, anger issues, and substance abuse can contribute to maltreating one's child. What is less well understood, however, are the societal factors that cause individuals to engage in abusing alcohol and maltreating children. Until these trajectories are better understood, service providers focus on addressing consequences rather than on eliminating or preventing causes. Furthermore, as a profession, we should take advantage of the time in which we live during this 21st century. We live now in a time of increasing interactions across cultures, which provide opportunities to learn from other countries about how they effectively address and/or prevent alcoholism and child maltreatment.

CONCLUSION

The articles in this clinical forum are part of emerging work in the area of understanding children with complex histories and developmental concerns, and will serve to increase our knowledge about this population. The articles in this forum conclude that children who have been exposed to maltreatment and prenatal alcohol have complex histories. These histories require multifaceted services; consequently, assessment and intervention services need to be systemic, holistic, collaborative, interdisciplinary, and integrated across disciplines and service settings. The extensive list of research questions provided earlier suggests that we are only beginning to learn about children and families who have been affected by maltreatment and FASD, and we will need to continue to transcend discipline-specific roles in order to provide effective services.

REFERENCES


Received August 27, 2006
Accepted November 27, 2006
DOI: 10.1044/0161-1461(2007/016)

Contact author: Yvette D. Hyter, PhD, CCC-SLP, Speech Pathology & Audiology, Western Michigan University, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5335. E-mail: yvette.hyter@wmich.edu

Hyster & Way: Epilogue 159